

**UNIVERSITY OF VIRGINIA SCHOOL OF MEDICINE
MATERIAL TRANSFER APPROVAL SHEET**

OUTGOING MATERIAL

Provider UVA Scientist:	Phone:
Department:	Email:

Recipient Organization:	Phone:
Administrative Contact:	Email:
Address:	

Recipient Scientist:	Phone:
Department:	Email:
Address:	

Material requested:

Research (Please provide or attach a brief description of the proposed research using the Material):

	Yes	No
1.A. Was the Material developed/isolated in your UVA laboratory?		
1.B. If not, where was the Material developed or obtained?		
2. Does the Material constitute or relate to any invention for which you contemplate making or have made any disclosures to the University of Virginia Patent Foundation for which there is an issued patent? If so, please explain:		
3. Is the use, disclosure or transfer of the Material restricted by any third-party agreements (including by any other MTA or any confidentiality agreement) or rights? If so, please explain:		
4. Should there be any specific restrictions on the Recipient's use of the Material? If so, please explain:		
5. Do you have a preference as to whether the University obtains any intellectual property rights in the research resulting from the Recipient's use of the Material?		
6. Is the Material described in any publication? If so, please provide the citation:		
7. Does the Material constitute or include tissues, fluids or data obtained from living humans?		
7.A. If the response to Item 7 is yes, will any HIPAA identifiers be provided to the Recipient?		
7.B. Will a code be given to the Recipient which would allow the Recipient OR individuals at UVA to link the Material to a patient?		
7.C. If the response to Item 7.A or Item 7.B is yes, are all IRB approvals for the transfer of the Material either obtained or pending? (including UVA and Recipient IRB approvals) [Please attach copies of all signed IRB approvals]		

8. Will there be costs for the preparation or shipment of the Material for which the University should be reimbursed? If so, what are they:			
Provider Scientist Signature:	Date:		
Director, SOM Office of Grants and Contracts Signature:	Date:		